

**THE WELLCOME TRUST CENTRE
FOR THE HISTORY OF MEDICINE**



UCL



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FOR THE HISTORY OF MEDICINE**

HIGHLIGHTS 2010



Pharmacy
leech jar, 1831-59.
Science Museum,
London / Wellcome
Images

Wellcome Image
Awards 2009.
Wellcome Images

Portico. UCL
Media Services

Egyptian jewellery.
Mary Hinkley, UCL
Media Services

Physician's handbook,
15th century.
Wellcome Images

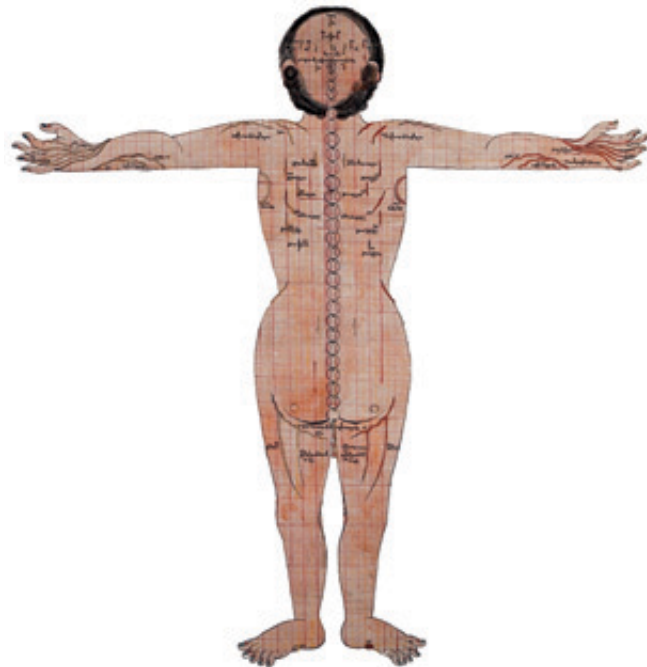


Front cover

The itch. Wax relief
plaque, 18th century.
Science Museum,
London / Wellcome
Images



Illustration from MS by George Ripley showing production of the philosopher's stone. Archives & Manuscripts, Wellcome Library, London



Tibetan bodies showing vessels and channels of life, c.1800. Iconographic Collections, Wellcome Library, London.

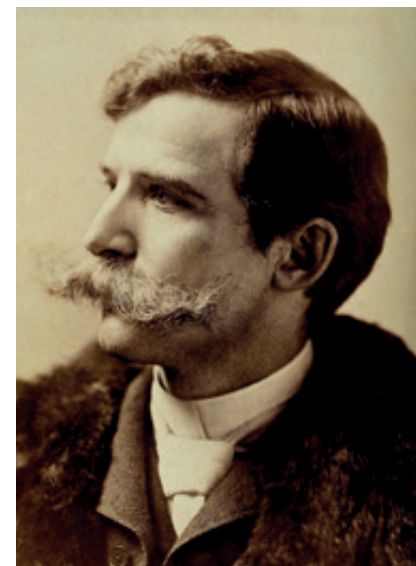
Fox bile mixed with oil cured ear ache. *The Book of Medicines from Animals*, 13th century. Archives & Manuscripts, Wellcome Library, London



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Our history



The Wellcome Trust was created in 1936 under the will of Sir Henry Wellcome (1853-1936), American-born co-founder, with Silas Mainville Burroughs, of the pharmaceutical company, Burroughs Wellcome & Co. After Burroughs' death in 1895, Wellcome expanded the company into a phenomenally successful, research-based international enterprise, profits from which enabled him to amass one of the world's largest library and museums collections, totalling over a million artefacts. Wellcome's will directed the Trustees to promote knowledge in medical history. During the Trust's first two decades, therefore, the largest individual proportion of funds (38%) was spent on developing research museums and libraries around the world.

Wellcome Research Institution, final construction, 1931. Iconographic Collections, Wellcome Library, London

Sir Henry Wellcome, 1890. Iconographic Collections, Wellcome Library, London

They included the Wellcome Historical Medical Museum and Library, and the Wellcome Museum of Medical Science, for which Sir Henry had built, in 1931, the Wellcome Research Institution (now the Wellcome Building) at 183 Euston Road, London.

The Historical Medical Museum was moved to 28 Portman Square in 1947 to make room for staff from the pharmaceutical company (now called the Wellcome Foundation Ltd), who had been bombed out of their offices in nearby Snow Hill. The Library also had a narrow escape when the Directors of the Wellcome Foundation, who were responsible for its administration, voted to close it to save money. Fortunately, the Wellcome Trustees emphatically disagreed and the Library continued to flourish under talented advisers and librarians including Viennese emigré historian Professor Max Neuburger, medical historian Professor Charles Singer, and Frederick Noël Lawrence Poynter who became Librarian in 1953.

A link with the Worshipful Society of Apothecaries was established in 1959 when the Trust funded a research fellow to study the history of importation of drugs into Britain during the 17th century. The following year Dr Edwin Clarke, a neurologist who had worked at the Trust as Assistant Scientific Secretary, was awarded a research fellowship to study at the Institute of the History of Medicine, Johns Hopkins University, Baltimore, under the celebrated medical and science historian, Dr Oswei Temkin.

Medical History, the first British journal devoted exclusively to history of medicine, was founded in 1961 under the editorship of Noël Poynter; the Library became independent of the Museum and £12,000 was invested in archival storage for its collection of rare books. Library refurbishment included the addition of an American Room and an Oriental Room.



Edwin Clarke returned from Baltimore in 1963 to take up a Wellcome Research Fellowship in the Library, which became a permanent position the following year. In 1965, Noël Poynter submitted to the General Medical Council a case for the inclusion of a medical history component in the medical education syllabus, a recommendation which would come to fruition with the intercalated BSc in History of Medicine, open to UK medical students who have completed their Part II examinations. Another step towards academic recognition came the following year when the Wellcome Trust funded the establishment of a History of Medicine department headed by Edwin Clarke at University College London.

Burroughs Wellcome catalogue, 1895, showing the factory at Dartford, Kent. Wellcome Images

Reading Room and Gallery, Wellcome Library, 1983. Wellcome Library, London.

Wellcome Building interior, Henry Mlinaric. Iconographic Collections, Wellcome Library, London

Edwin Clarke (left) and Noël Poynter, c.1964. Iconographic Collections, Wellcome Library, London



The Wellcome Institute for the History of Medicine

An international symposium on the History of Medicine was held in the Wellcome Building in 1967 to determine future policy in the field and to consider plans for the Library and Historical Medical Museum. One outcome was the establishment of the Wellcome Institute for the History of Medicine which once again brought the Library and Museum together, under the directorship of Noël Poynter, who also proposed running a diploma course in History of Medicine with the Worshipful Society of Apothecaries of London. He argued that in the absence of widespread academic training in the UK, this would promote interest and knowledge in the subject. The Wellcome Trustees initially refused on the grounds that their main objective was to increase History of Medicine's academic development in the universities. Nevertheless, the Diploma course was established and continues to this day, administered by the Society of Apothecaries.

Egyptian objects,
Petrie Museum.
Mary Hinkley, UCL
Media Services



Tin of 'Daisy fly killer'
by Harold Somers,
New York. Science
Museum, London /
Wellcome Images

True to their plans the Trustees, in 1971, established an academic History of Medicine unit at the University of Cambridge, directed by Dr Robert Young, and the following year Dr Charles Webster was appointed to head up a unit at the University of Oxford. The Trustees also hosted another symposium, on the Social History of Medicine. An indication that the discipline in the UK was becoming respected worldwide was the hosting, in London, of the 23rd International Congress of the History of Medicine (1973), presided over by Noël Poynter. This was his swan-song before retirement the same year when he was succeeded as Director of the Institute by Edwin Clarke whose vacancy at UCL was filled by Dr William F Bynum.

Under Edwin Clarke's directorship, the collections of the Wellcome Historical Medical Museum were moved to the Science Museum, South Kensington, on permanent loan, where they remain to this day as the Wellcome Museum of the History of Medicine. The move was completed in 1977 and concluded the transfer of much of Henry Wellcome's artefacts as well as his anthropological and ethnographic collections. Prehistoric material went to the British Museum, Egyptian

collections to UCL's Petrie Museum, and the Native American Ethnographic Collection, collected during the 1920s on Wellcome's behalf and never unpacked, was offered to the University of California, Los Angeles. While the collections contracted, the Institute expanded with the appointments, in 1977, of a Classicist, Dr Vivian Nutton, and a clinician-turned-medical historian, Dr Christopher Lawrence, who was initially appointed to undertake research on the Science Museum material. Later, Dr Roy Porter joined the team as Social Historian of Medicine. A formal association was now established between the Wellcome Institute and the History of Medicine Department at UCL, which together became an international centre for research under the leadership of Professor William Bynum. By 1986, the BSc intercalated degree was attracting about 30 medical students a year and there were 19 MPhil, PhD and MD candidates as well as visiting researchers from around the world, drawn by the Library's unique collections and the renowned academic scholarship. In 1988, the Institute collaborated fruitfully in an MSc programme with UCL and Imperial College for which they formed the London Centre for the History of Science, Medicine and Technology.



WHO buildings and health objectives, c.1995. Iconographic Collections, Wellcome Library, London

Cityscape of Nuremberg from *Liber Chronicarum*, 1493. Rare Books, Wellcome Library, London

Killing a pig. Handcoloured woodcut from *Ortus Sanitatis*, 1491. Rare Books, Wellcome Library, London



History of Medicine in the UK is 75-years-old

Two new History of Medicine units were established in the mid-1980s – at Glasgow, under the directorship of Dr David Hamilton, and at Manchester, directed by Dr John Pickstone. The University of Exeter received the first ever five-year university award, to Sandra Cavallo, for a study of medical practitioners in Italy, 16th to 18th centuries. Research scholarships, project and programme grants were increasingly awarded by the Trust to individuals and groups working in universities around the world which did not have specialist History of Medicine units. Such was the growing popularity of a discipline which attracted not only historians, but sociologists, anthropologists, archaeologists, geographers, literature scholars and medical professionals. A special collaboration with the Netherlands was celebrated with the first Anglo-Dutch Symposium in Medical History, held at Rotterdam. In addition, the establishment of visiting Fellowships in History of Medicine enabled overseas academics to spend a year at a Wellcome history unit in the UK. The end of the 1980s saw the appointment of Dr Andrew Wear, a lecturer in early modern History of Medicine, and Dr Tilli Tansey, a neuroscientist and medical historian, who with Sir Christopher Booth, Harveian Librarian at the Royal College of Physicians, London, created the Twentieth Century Medicine Group. The Group's first Wellcome Witness Seminar, an oral history of the discovery of monoclonal antibodies, was held in 1993. Its 47th and latest, on the National Survey of Sexual Attitudes and Lifestyles (1989), was recorded in December 2009.

By 1992, the Wellcome Institute numbered 69 employees and was the largest proportion of the Trust's staff. From small beginnings, the Library alone had grown from a staff of 16 in 1961 to eight departments with 46 staff. The launch, in 1993, of the Friends of the Wellcome Institute, attracted over 500 members from 28 countries. Bringing history up-to-date was the appointment, in 1993, of an historian of twentieth-century medicine, Dr Anne Hardy. By popular demand from medical students in the north of England, the Manchester unit established its own intercalated BSc in the History of Medicine.

The Wellcome Institute for the History of Medicine was disbanded in 1999. The Library remained under the Trust's domain and the administration of the academic unit was transferred to UCL. In 2000 it became the Wellcome Trust Centre for the History of Medicine, under a new director, Professor Harold J Cook. The Wellcome Library was awarded 'Designation' status in 2005 by the Museums, Libraries and Archives Council as recognition that its collections have outstanding national and international importance. In February 2010, the Centre became the first history unit in the world to be nominated for centre collaborative status with the World Health Organization. In March, University College London and the Wellcome Trust agreed to wind down the Centre without a review.

Carole Reeves

Staff research

Dr Guy Attewell works on the history of unani tibb (Greco-Islamic medicine) in 19th and 20th century south India and the changing status of its traditional skills such as diagnostic pulse-reading. Transformations that favoured certain kinds of unani knowledge and marginalised others are multi-faceted and work in parallel with South Asia's threatened diversity of traditional medicinal resources.

Refiguring unani tibb: plural healing in late colonial India. Hyderabad: Orient Longman, 2007.

Dr Sanjoy Bhattacharya specialises in South Asia and international and global health programmes in the 19th and 20th centuries – immunisation policies and health delivery mechanisms in trans-national, national and local contexts, and effects and reception of epidemic and chronic diseases. Also the health history of South Asian migrants in Britain, and impact of South Asian medical professionals on the NHS.

Expunging variola: The control and eradication of smallpox in India 1947-1977. New Delhi: Orient Longman, 2006.



Professor Roger Cooter, author of *The cultural meaning of popular science* (1984) and *Surgery and society in peace and war* (1993), has also edited volumes on child health, alternative medicine, accidents, and war and medicine. He is completing a comparative study of German and British visual representations of the body. Other research focuses on medical ethics, humanity and political economy from the 18th century to the present, and on the 'neuro turn' in the sciences and humanities.

Companion to medicine in the twentieth century. Edited with John Pickstone. London & New York: Routledge, 2003.

Professor Anne Hardy works on health and disease in the 19th and 20th centuries. Her current project is on the salmonellas, and investigates the relationship between bacteria, human activity and the natural world.

Health and medicine in Britain since 1860. Basingstoke: Macmillan, 2000.



Nepalese girl at water pump. N Durrell McKenna / Wellcome Images

Unani bonesetter, Dr Hakim Gulam Rasool, Hyderabad. Mark de Fraeye / Wellcome Images

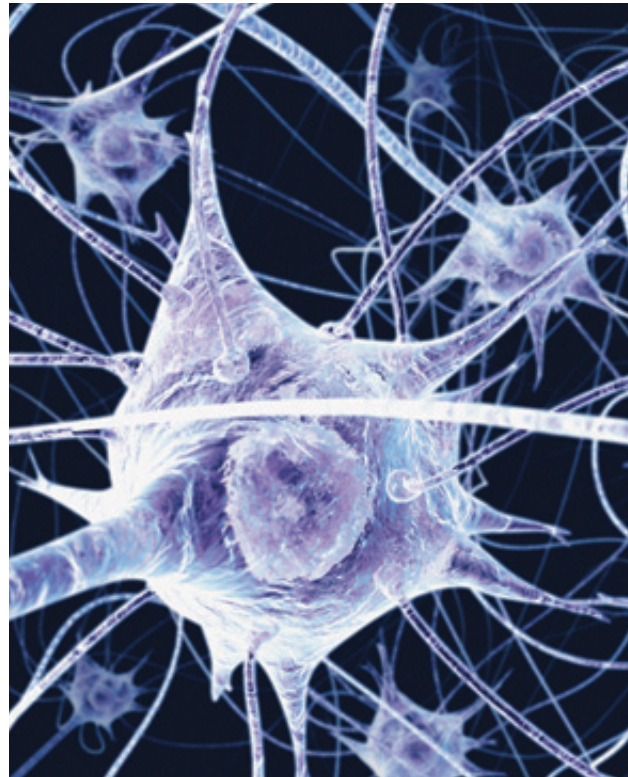
'AIDS has different faces'. German poster, c.1995 Jörn Baumgarten. Iconographic Collections, Wellcome Library, London

Dr Stephen Jacyna is currently involved in collaborative projects on the historical experience of neurological disease. His research also includes the impact of the theory of evolution on the neurosciences in the period 1860-1940.

Medicine and modernism: a biography of Henry Head, 1861-1940. London: Pickering & Chatto, 2008.

Dr Vivienne Lo specialises in the history of Chinese medical practice. She translates and analyses excavated and recovered manuscripts from the early imperial and medieval period concerned with the development of acupuncture, moxibustion and therapeutic exercise. She also researches the history of food and medicine in China.

Imagining Chinese medicine: a visual history. Edited with Wang Shumin. Beijing: Renmin Weisheng, 2007.



Dr William MacLehose works on the history of Western medieval thought and practice. He studies the medical and natural philosophical traditions of embryology, gynaecology and paediatrics, and the connections between medical and religious views of fetal development and childcare. He is preparing a critical edition of the first western pediatric text, the 12th century *De curis or Passiones puerorum* attributed to Rhazes (al-Razi).

A tender age: cultural anxieties over the child in the twelfth and thirteenth centuries. New York: Columbia University Press, 2006/2008.

Dr Michael Neve is exploring the psychiatric and psychoanalytic accounts of Shakespeare's *Hamlet*. He is also working with Dr Sonu Shamdasani on the psychological explanations of yoga and its aims, as written up by western psychologists from the mid-19th century onwards.

European psychiatry on the eve of war: Aubrey Lewis, the Maudsley Hospital, and the Rockefeller Foundation in the 1930s. Edited with Katherine Angel and Edgar Jones. London: Wellcome Trust Centre for the History of Medicine at UCL, 2003.



Brain neurons.
Benedict Campbell /
Wellcome Images

Yoga for everyone.
Anthea Sieveking /
Wellcome Images

Acu-moxa chart
showing the cervix
(child door), 1869.
Wellcome Images

Professor Vivian Nutton

specialises in the history of the Classical tradition in medicine (particularly Galen's influence) from antiquity to the present. Medical theories of the ancient Greeks formed the basis of western medical ideas and practice for over 2000 years, and remain influential in parts of the Muslim world. Professor Nutton is a Fellow of the British Academy.

Girolamo Mercuriale, De arte gymnastica. Translated. Florence: L S Olschki, 2008.

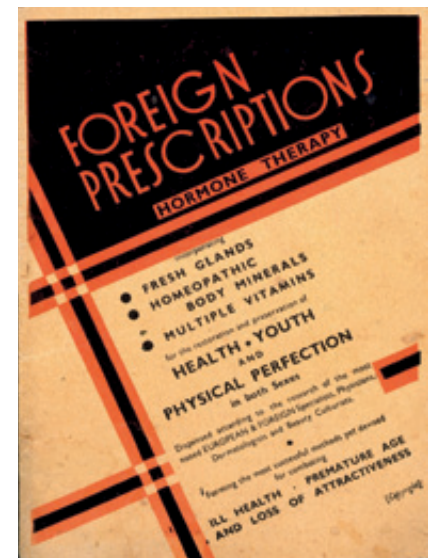
Dr Helga Satzinger focuses on the history of genetics, 1900-1953, from the perspective of gender studies, showing how the social order helped make the concepts of genes, chromosomes, and hormones. She also works on the history of brain research and plans future work on the history of human and medical genetics and the place of gender in science and biomedicine.

Heredity and difference: gender orders in genetics and hormone research, 1890-1950. Köln Weimar: Böhlau Verlag, 2009. Published in German.

Professor Sonu Shamdasani

works on the histories of psychiatry and psychology, mid-19th to mid-20th centuries. Interests include the history of the placebo effect, the history of psychotherapy, psychoanalysis, and the work of CG Jung, the founder of analytical psychology.

The red book: liber novus by CG Jung. With John Peck and Mark Kyburz. New York: WW Norton & Co, 2009.

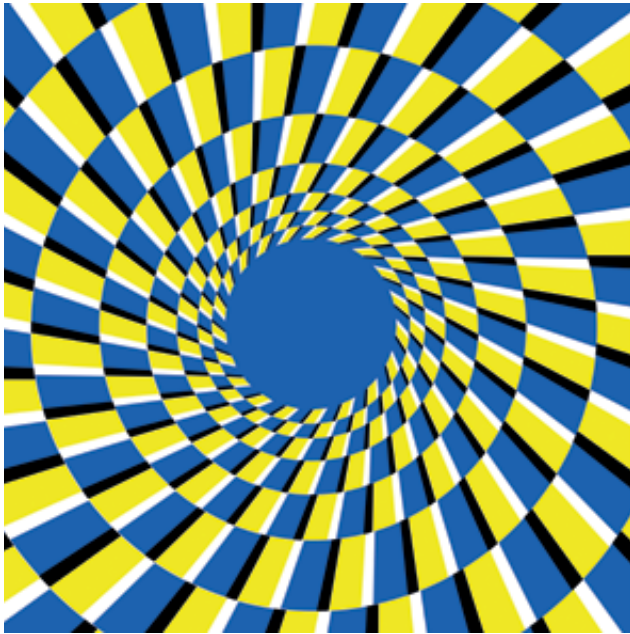


Lighting a sacred fire, a Vedic ritual. *The red book: liber novus* by CG Jung, 2009.

Galen instructing the preparation of medicines, 15th century. Wellcome Library, London

Advertisement for hormone therapies for women 'over 35'. Wellcome Library, London

Hormone therapy pamphlet, 1930s. Wellcome Library, London



Peripheral drift illusion, exploring how the brain works. Science Photo Library

Colonial medicine in Korea, early 20th century. Iconographic Collections, Wellcome Library, London

Dried soups and stock cubes were first made in 18th century France. Mary Evans / Onslow Auctions Ltd

French liqueur label, 19th century. Iconographic Collections, Wellcome Library, London



Dr Emma Spary researches food as a medical object in 18th century France. Her work spans the alimentary spectrum, from liqueurs with exotic flavourings, chocolate to gelatine, and the world's first instant mashed potato factory, not forgetting bread and meat. A particular interest is how alimentary chemistry permitted the formation of medical expertise over public consumption from the beginnings of industrialisation.

Utopia's garden: French natural history from Old Regime to Revolution. Chicago: University of Chicago Press, 2000.

Professor Tilli Tansey

specialises in 20th century medical sciences, notably pharmacology and physiology. Oral history projects include Wellcome Witnesses to 20th Century Medicine, the role of medical laboratory technicians, and the careers of British neuroscientists. She is a Fellow of the Academy of Medical Sciences and an Honorary Fellow of the Royal College of Physicians.

Burroughs Wellcome & Co: knowledge, trust and profit, and the transformation of the British pharmaceutical industry, 1880-1940. With Roy Church. Lancaster: Crucible Books, 2007.

Dr Andrew Wear has research interests in early modern medicine and colonial medicine. He is currently working on a history of the relationship between British colonial settlement and the environment across continents and centuries.

Knowledge and practice in English medicine, 1550-1680. Cambridge: Cambridge University Press, 2000.

Visitors



The Centre regularly attracts scholars from all over the world, working at varying levels on a wide variety of topics.

Dr James Delbourgo (Rutgers University, USA), researching the life and career of Sir Hans Sloane in relation to the histories of collecting and imperialism.

Dr Monika Pietrzak-Franger (Siegen University, Germany), a study of syphilis in the context of late Victorian medicine and culture; its visualisation and metaphorical significance.

Dr Katrina Gardikas (University of Athens), writing a book on malaria in 19th and 20th century Greece, focusing on factors that contributed to the spread of the disease and its control.

Professor John Galloway (Eastman Dental Hospital, London), researching innovation in medicine using the original oral histories of the Wellcome witnesses to twentieth century medicine.

Dr Svetla Slaveva-Griffin (Florida State University), a study of the pseudo-Galenic treatise, *De spermate*, and its philosophical background with emphasis on its Neoplatonic sources.

Dr Geoffrey L Hudson (Northern Ontario School of Medicine), a study of war and disability in England, c.1590-1790.

Ms Chitra Ramalingam (Harvard University), exploring how interest in the physiology of vision and limitations and peculiarities of visual perception influenced observational practices in 19th century physics.

Ms Jennifer Rampling (University of Cambridge), investigating how the writings of a famous English alchemist, George Ripley (d.c.1490), influenced development of alchemical medicine in 16th century Europe.

Dr Lisa W Smith (University of Saskatchewan), researching how gender roles shaped health care within French and English households and communities, c.1680-1780.

Professor Chantal Stebbings (University of Exeter), studying the relationship between tax law, tax administration and medical practice in 19th century England.

Dr Staffan Müller-Wille (University of Exeter), a study of how the Swedish botanist, Carl Linnaeus (1707-1778) stored, retrieved and processed information about plants and their medical virtues.

Professor Joseph Ziegler (University of Haifa), writing a book which reconstructs the rise of physiognomy as a science, between 1200-1500, and analyses its cultural impact.

Ambroise Paré amputating a leg on the battlefield in the 16th century. Ernest Board. Iconographic Collections, Wellcome Library, London

Illustration from MS by George Ripley showing production of the philosopher's stone. Archives & Manuscripts, Wellcome Library, London

Syphilis as temptation and destruction, 1910. Richard Cooper. Iconographic Collections, Wellcome Library, London

Associates



These scholars participate in the intellectual life of the Centre but do not receive funding through the Centre. Applications are considered from scholars of post-doctoral level and above or PhD students registered with foreign universities or with British universities outside London.

Livingstone Cottage Hospital, Dartford.
Iconographic Collections, Wellcome Library, London

Mick Jagger and Marianne Faithfull, 1969. AGIP / Rue des Archives / Mary Evans

Silas Burroughs.
Iconographic Collections, Wellcome Library, London



Origin of Mick Jagger's birthplace

The Livingstone Hospital today is run down, possibly facing closure. Few are aware of the pride felt by the citizens of Dartford, Kent, when this cottage hospital opened in 1894. Its foundation was due to the determination of Silas Burroughs (1846-95), partner with Henry Wellcome in the pharmaceutical firm, Burroughs Wellcome & Co., whose Dartford factory had opened in 1889.

Burroughs, a Presbyterian who held radical political beliefs, tried to improve the lives and conditions of his workers and the people of Dartford. He offered £1000, in 1893, towards the creation of a new hospital. It took much negotiation to acquire a site. An approach to Lord Tredegar, the local landowner, failed, and Wellcome refused to release some of the firm's factory site. Burroughs argued, unsuccessfully, that the building

should not be subject to rates and taxes. His proposal that the hospital be named after the missionary-explorer, David Livingstone (1813-73), and his successor, Henry Morton Stanley (1841-1904), also met a lukewarm reception. Stanley was a controversial figure who, nevertheless, helped with fundraising and laid the hospital's foundation stone. Burroughs determined that the hospital should have no debts but by the end of 1894, building costs had mounted. Ironically, it was because of his own sudden death from pneumonia in February 1895 that the hospital's endowment was resolved. A memorial fund raised over £700.

The financial solvency of the Livingstone Hospital, combined with the affection held for it by the local people, probably kept it functioning long after many other cottage hospitals had closed. Mick Jagger was born there on 26 July 1943.

Julia Sheppard
Independent scholar

Captain Liernur's pneumatic sewage system

When we flush the toilet we take it for granted that our excreta enters the sewer and is conveyed to the sewage works for treatment and recycling. However, in the early 19th century, before lavatories, drainage and clean water were 'on tap' and gas explosions from containerised effluent regularly shot volcanoes of sewage into the environment, there were differing views on how to deal with it.

Captain Charles Liernur, a Dutch engineer, invented an ingenious

pneumatic sewage system in which pipes connected to household privies shot their noxious contents into subterranean street reservoirs with help from a locomobile steam engine working an air-pump operating at a force equal to thirty hurricanes. The outlets, or dung-pipes, of these street reservoirs, were concealed within gas (yes, that's right) street lamps provided with distinctive coloured glass so that sewage labourers could easily locate them during the night when they vacuumed out the reservoirs. Between vacuums, privy-pipes were hermetically sealed by valves set into recesses in the front or back of houses. These valves were sharpened to a chisel-edge in the event of rags, old shoes,

and other household debris being discarded into the lavatory by careless children or servants, in which case it was hoped they would be chopped asunder.

Numerous advantages of the pneumatic sewage system were listed including the saving of sewage workers health and lives, and improved public morality. It was believed that exposure to the sight and smells of sewage blunted the senses and led to vulgarity of speech, low manners, indecent exposure, prostitution, and complete moral perdition.

Dr Nicholas Cambridge
Independent scholar

This page

London's last sewer gas lamp, known as Iron Lilly, in Carting Lane. Sheila Terry / Science Photo Library

Methane gas explosion from basement privy. Mary Evans

Opposite page

Dissection of deceased elderly male by Dr Willem Roell, 18th century. After Cornelius Troost. Iconographic Collections, Wellcome Library, London

Fox bile mixed with oil cured ear ache. *The Book of Medicines from Animals*, 13th century. Archives & Manuscripts, Wellcome Library, London

Dissection of stillborn baby by Dr Frederick Ruysch, 1683. After Jan van Neck. Iconographic Collections, Wellcome Library, London



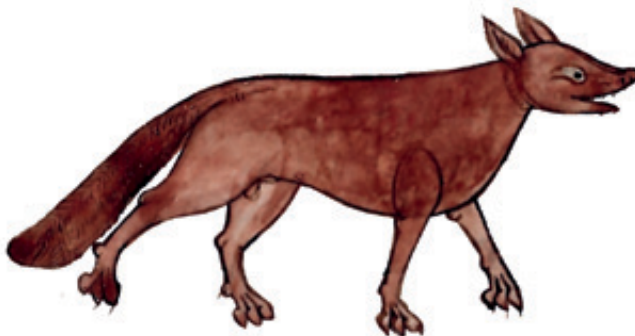
Take an ounce of dried hare's liver ...

Medical preparations made from animal parts were common in the medieval period, and such ingredients were considered to be as ordinary as herbal and mineral substances. All parts of the animal could be used, from blood and fat to ground up horns and urine. For example, *castoreum*, the oil from anal sacs of beavers (*castor* in Latin) abounds in medieval medical compounds, and it is from this oil that the modern plant-based castor oil gets its name.

Some medical texts specialised in pharmaceuticals based in animal substances. The 'Book of Sixty Animals' (*Liber sexaginta animalibus*), which was translated into Latin from Arabic in the 13th century and circulated in western Europe in manuscript and print form up to the mid-16th century, lists over fifty animals (including man) and gives various recipes for each ailment. For example, an ounce of dried hare's liver is prescribed in the treatment of epilepsy, while for fistulas a plaster made from ground cooked hedgehog is considered helpful. To staunch blood, prepare a plaster of goat's excrement, and to reduce swelling, apply the ashes of a weasel mixed with oil. Mouse flesh placed on warts makes them disappear.

The book also includes magical recipes such as tying the left foot and claws of a badger in a linen cloth around the arm so as not to forget anything one hears or learns, hanging a wolf's head from a dovecot to keep cats away, and tying a bear's right eye over a child's cradle so that it is not afraid of the dark.

Dr Kathleen Walker-Meikle
Honorary Research Associate



Chasing bodies

Medical students in the mid-18th century went to extraordinary lengths to procure bodies for dissection as exemplified by Robert Bannock and his class-mates at Edinburgh University.

An elderly man employed in Edinburgh Castle had suffered for years from a scrotal hernia, for which he wore a truss. Due to the man's intemperance and neglect of the truss, a painful tumour as large as his head developed in his scrotum. After unsuccessful treatments, Bannock gave the suffering man a hefty laxative, which produced abdominal gripes and even more swelling. By the same evening, the unfortunate patient was considered to be near death and the students sharpened their scalpels ready to dissect his corpse. However, the next morning, the man's bed being empty, Bannock was informed that he was in the nearby 'Half Moon' public house. The laxative had worked all night and the tumour had disappeared to such an extent that it was difficult to persuade the man to continue wearing his truss.

Exasperated, the students went to the city's Grass Market where they consulted a woman of dubious character whom they had treated for syphilis. Later, she brought them the fresh body of a young child. No questions were asked but its dissection was interrupted by the arrival of Officers of Justice. The child had been killed by a blow to the head from the woman and her female accomplice. Bannock and his friends were obliged to give evidence against the women who were subsequently hanged. Their bodies were sent to the College of Surgeons for official dissection, thus foiling the students yet again.

Dr Diana Manuel
Fellow and Honorary Reader, UCL

International

The Centre collaborates with many international groups, institutions and individuals to help identify and make available important historical events and resources which might otherwise remain unknown.

Medicine across Asia

For 1500 years, from the Han to the Yuan dynasties (206BCE-CE1368), the garrison town of Dunhuang, on the edge of the Gobi desert in western China, was an important staging post for soldiers, diplomats, traders, entertainers, missionaries and pilgrims traversing the seven thousand kilometre 'Silk Roads' between China and Europe. Medieval Buddhist cave-shrines, lavishly ornamented, pepper the nearby Mogao cliff face. Here, in 1900, within a walled-up cave, was discovered a library of some 50,000 manuscripts written in many languages and dating from CE406-1002, of which a hundred or so are related to medicine. Now, with further discoveries of important medical texts from other sites across Asia, scholars are collaborating on projects that go beyond comparative histories and are attempting to piece together the development of healing traditions in an interconnected world.

Geographically, these connections span Asia from China to the shores of the Mediterranean. In timescale, the connections made through the religious institutions and representatives of Buddhism and Islam from the time of the Tibetan empire extend through Mongol imperialism, which arguably sponsored the first globalisation of medical knowledge, right up to modern times. Rashīd al-Dīn (1247-1318), the Persian Jewish court physician to the Mongol cultural stronghold at Tabriz and compiler of *Tansūqnānah* (1313), the earliest book about Chinese medicine transmitted to the western world,

relied for information on visitors plying the trade routes through Dunhuang, Khotan and Samarkand. *Tansūqnānah* is a treasure trove of interwoven medical cultures. Foreign, including western, influences in the formative stages of Tibetan medicine can also be analysed because the Tibetan medical manuscripts from Dunhuang are its earliest extant sources. This multi-cultural heritage impacted on the plurality of medicine in 19th century Central Asia, including the cultural and medicinal uses of opiates (page 20), and in the 18th and 19th century trans-regional trade in *materia medica* and therapeutic traditions across the Indian Ocean. This all suggests that for centuries Dunhuang was an important interchange of medical knowledge for the peoples of the Silk Roads.

Vivienne Lo

Guy Attewell

Ronit Yoeli-Tlalim

Alisher Latypov

Wang Shumin, Institute of Traditional Chinese Medicine, Beijing

Wang Yidan, Peking University

Catherine Despeux, INALCO, Paris



This page

Squatter homes,
Rio de Janeiro, Brazil.
David R Frazier /
Science Photo Library

Kosovar refugees
fleeing homeland,
1999. UN Photo / R
LeMayne

Social determinants of
health. Rajlich Design,
1995. Iconographic
Collections, Wellcome
Library, London

Opposite page

Tibetan bodies
showing vessels
and channels of life,
c.1800. Iconographic
Collections, Wellcome
Library, London

Medieval Buddhist
cave shrines,
Dunhuang, China.
George Steinmetz /
Science Photo Library

Tibetan medicinal
plant manuscript.
Asian Collection,
Wellcome Library,
London



Social determinants of health

'The manner in which the great multitude of the poor is treated by society today is revolting ...' This observation by Frederick Engels of workers in mid-19th century England, linked social conditions – including housing, nutrition, water supply, sanitation and employment – with health outcomes. Nevertheless, agendas for tackling health inequity globally have often sidestepped social forces by focusing on disease control and on improving health care systems. In addition, health policies often reflect the political priorities and interests of donors regardless of population needs. The Commission on the Social Determinants of Health, formed in 2005 by the World Health Organization, produced its Report in 2008. The Report's findings and recommendations were discussed by experts from around the world at a conference hosted by the Centre, and all papers were posted on the website, which is being continually developed.

Lack of the basics – primary health care, education, infrastructure, clean drinking water, sanitation and nutrition – coupled with uncontrolled diseases, substance abuse, gender inequality and environmental poverty, are cited as principal causes of poor health in a world where three per cent of the population are migrants or refugees, 20 per cent of the poorest poor are disabled, 3.6 million civilians have been killed in war zones since the 1990s, and 50 million have been displaced. Amongst the most disturbing of all health inequities are those within countries and even within cities.

In Glasgow, for example, there is a shocking gap of 28 years in life expectancy between men in poor and affluent suburbs. The life expectancy of Australian aboriginals is 17 years lower than non-aboriginals and less than 30 per cent can expect to reach the age of 65. In a country that ranks fourth in the world for overall quality of life, that of its indigenous people is second from bottom. 'Closing the gap in a generation' is the optimistic goal of the Commission's Report but will the clarion call for social justice be taken up or fall on deaf ears?

Sanjoy Bhattacharya

Harold J Cook

Epidemiology and Public Health, UCL

Global Health Histories, WHO

The Wellcome Trust

Great Britain Sasakawa Foundation



Outreach

The Centre has a strong commitment to furthering public understanding of medicine and its past, and encouraging those who are interested in active engagement in the practice of the history of medicine. We would be pleased to hear from anyone with an idea for a medical history project. The two included here are particularly inspiring.

Darwin's in the Hospital!

Where did Charles Darwin live as a cowboy, go jogging, and ride giant tortoises? Why did he and his wife Emma name their house on London's Gower Street 'Macaw Cottage'? How many children did they have, and why did Charles closely observe them?

Over the years, UCL has nurtured some of the world's most eminent Darwin scholars so it seemed appropriate, in 2009, to celebrate the 200th anniversary of his birth and the 150th anniversary of the publication of his famous book, *On the origin of species*. University College London Hospital was the venue for an acclaimed exhibition of Darwin's life and work. Thirteen large illuminated panels set into pavement galleries on the hospital walkways featured Darwin's childhood as a keen observer of the natural world and collector of butterflies and beetles, his 'gap years' voyaging aboard *HMS Beagle*, his marriage, home and family life, and the experiments and ideas through which he developed the theory of evolution by natural selection, which has helped change the way we think about the world and the way we think about ourselves. The exhibition also considered ways in which evolution can be observed in action – from the peppered moth (*Biston betularia*), of which speckled and solid colour varieties exist to outwit their predators in different environmental circumstances, to bacteria such as MRSA which cause life-threatening infections but have evolved through natural selection to become resistant to many antibiotics.

www.ucl.ac.uk/histmed/darwin

Darwin appreciated that humans have dramatic impacts on nature. Indeed, his idea for 'natural' selection came from observing how dog and fancy pigeon breeders (he was one himself) carefully pick from varieties in individual animals and birds to create new pedigree lines. He called this 'artificial' selection and considered that it was exactly like the process underway in nature, only much faster. Think of Labradoodles, Cockapoos, Rotties and Pooles.

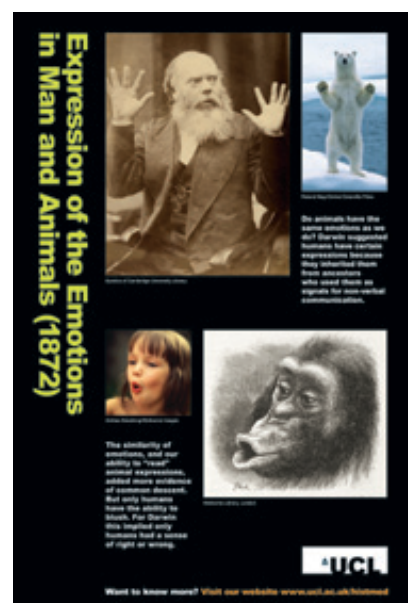
On the origin of species steered clear of human origins but the 'gorilla wars' began immediately after its publication. Darwin's friend, Thomas Henry Huxley, placed humans anatomically amongst the apes and was accused of 'diving into the African forests in search of his grandfather'. Charles Lyall, on the other hand, admitted that he simply 'could not go the whole orang'. He argued that evolution could not account for the finer points of civilisation nor could it produce the human mind. Darwin challenged this view. 'It is open to everyone to believe that man appeared by a separate miracle,' he said, 'though I do not myself see the necessity or probability.' Human beings for him had no features that were not extensions of those found in animals. But he did make an exception for blushing, which is unique to humans. To Darwin this implied that only humans had a sense of right or wrong.

Carole Reeves

Sharon Messenger

Joe Cain, Science and Technology Studies, UCL

Guy Noble, Arts Curator, UCL Hospitals NHS Foundation Trust



Mounting the display panels in the floor galleries, University College Hospital. Carole Reeves

Panel depicting Darwin's work on the evolution of expression. Marc Riley

Tracing your ancestors through medical records

Do you have a doctor in the house? Or a dentist, optician, vet, nurse, physiotherapist, pharmacist, or even patient? Family historians have an encyclopaedic knowledge of genealogical resources but the scope and accessibility of medical records can prove daunting.

A good place to start is the Wellcome Library, London (<http://library.wellcome.ac.uk/>). To access its *Biographical and family history resources in the Wellcome Library*, click on Electronic Resources > Resource Guides. Here you'll find information about (and links to) genealogical resources dating from the medieval period, including references to over 18,000 medical obituaries. The Library holds official registers of all the medical and related professions as well as archives of London, provincial and national medical clubs and societies such as the Chartered Society of Physiotherapy (1894-1991). Military, naval and colonial medical personnel may also be traced. The British Pharmaceutical Records database and the Veterinary Records database are accessible on the Library's computers. The former contains records of over 560 pharmaceutical companies which manufactured, dispensed, sold or distributed medicines and drugs between 1750 and 1968. The latter includes over 600 records of veterinary surgeons and scientists, farriers, cow doctors, and trade associations, from earliest times up to 2000. The Library also has a large, online collection of images (<http://images.wellcome.ac.uk/>), which includes portraits of doctors, nurses and scientists, as well as an archive of important historical films, videos and sound recordings (including the voice of Florence Nightingale) dating to the late 19th century.

The Hospital Records Database (www.nationalarchives.gov.uk/hospitalrecords/) contains over 2800 entries related to UK hospitals, and lists details of surviving records and their location (usually a local record office). A typical list of records might include administrative, estates, finance, staff, nursing, pictorial, ephemera, and patient case records. The Data Protection Act (DPA) used to insist on closure of patient records for a century from the date of the record but the Health Archives and Records Group spearheaded changes so that closure now reflects the age of the patient. For adults (aged 16 +), records are now closed for 84 years from the date of the record; for children (aged 7-15), closure is 93 years; and only for infants (aged 0-6) does closure remain for 100 years. An online database of three London children's hospitals – Great Ormond Street, the Evelina Hospital, and the Alexandra Hospital, provides access to over 100,000 admissions between 1852 and 1914 (www.hharp.org) and a gallery of images.

The Royal College of Physicians (www.rcplondon.ac.uk), Royal College of Surgeons of England (www.rcseng.ac.uk), and Royal College of General Practitioners (www.rcgp.org.uk) are opening their archives to genealogists, and their websites contain information about these resources. On the Royal College of Physicians website, go to: History and Heritage > Munk's Roll. For the Royal College of Surgeons, go to: Libraries and Archives, and for the Royal College of General Practitioners, go to: About the College > History, Heritage and Archives > Tracing Your Medical Ancestor. The genealogical information on the Royal College of General Practitioners website is particularly wide ranging and includes links to resources in America, Australia, Canada, and South Africa.

Carole Reeves



Physiotherapist, child in calipers, and doctor. Chartered Society of Physiotherapy Archives. Wellcome Library, London

Army doctors training for battlefield injuries. RAMC Archives. Wellcome Library, London

Nurse and baby, General Lying-In Hospital, Lambeth. Iconographic Collections, Wellcome Library, London

Taught courses

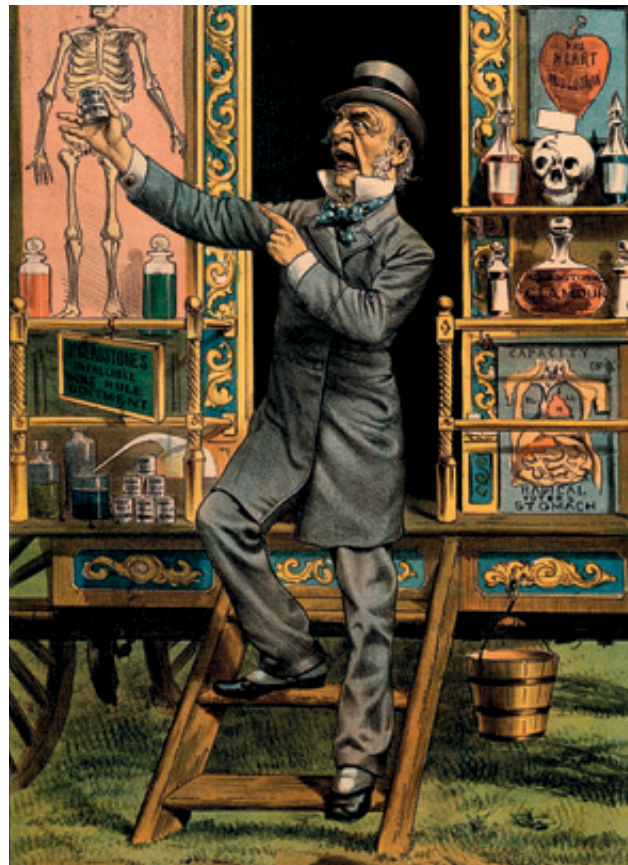
Intercalated BSc in the History of Medicine

Open to medical students throughout the UK who have completed their Part II examinations, the degree offers the opportunity to investigate the wider background to current thinking and practice in medicine and the medical sciences. The following course units will be available in 2009-2010:

Man's place in Nature: the debate in Britain; Medicine, disease and society from antiquity to Renaissance; Madness and society; Medicine and modern society; Disease in history; Asian medical history; Mind, brain and personality in the modern era; Genetics past and present: from Gregor Mendel to Dolly the sheep.

Plus a research project on a historical topic of personal interest.

For full details of the course units and application procedures, please visit our website.



MA in the History of Medicine

Open to full- and part-time students who wish to understand current work in the history of medicine, to obtain skills for working in the field and to conduct independent research. The following course units will be available in 2009-2010:

Core course introduction to the history of medicine; Drugs and modern society; Healing traditions across Asia; Medicine in literature; Transforming Galen; The historiography of medicine: epistemology, methodology, practice; The scientific study of food in the modern west; Madness and society; Early modern English medicine; Medicine and society, 1800-2000; Understanding international health.

Plus a dissertation on a historical topic agreed in consultation with an appropriate tutor.

For full details of the course units and application procedures, please visit our website.



Quack selling remedies from a caravan, 1889. Tom Merry. Iconographic Collections, Wellcome Library, London

Physiotherapy for injured servicemen, Bath Hospital, 1918. Iconographic Collections, Wellcome Library, London

Medicine jar depicting a woman giving an enema. Science Museum, London / Wellcome Images



Crystalline structure of vitamin C.
Spike Walker / Wellcome Images

Chart showing muscles of the body, 20th century.
Gustave H Michel. Iconographic Collections, Wellcome Library, London

Industrial accidents poster, 1940s.
Leonard Cusden. Iconographic Collections, Wellcome Library, London



MSc in the History of Science, Medicine and Technology

MSc in Science, Technology, Medicine and Society

Offered under the auspices of the London Centre for the History of Science, Medicine and Technology, and taught by staff from the Wellcome Trust Centre, the Department of Science and Technology Studies, University College London, and the Centre for the History of Science, Technology and Medicine, Imperial College. The following course units will be available in 2009-2010:

Core course; Science, technology and medicine in antiquity; The Scientific Revolution, 1450-1750; Ideas of health and sickness in industrial society; The sciences in the age of industry, 1750-1920; History of the human sciences; Philosophy of science; Science, medicine and technology in the 20th century; Sociology of science and technology; Science, governance and the public

Plus a dissertation on a historical topic agreed in consultation with an appropriate tutor

For full details of the course units and application procedures, please visit:
www.londoncentre-hstm.ac.uk

MA research



The MA in the History of Medicine was established in 2005 and attracts an average twelve students a year from a variety of countries. Dissertations are lively and original as the following two extracts reveal.

Trick or treat? Opium's demonization

The theme of opiates in Central Asia has come into scholarly focus only recently, primarily in the wake of Al-Qaeda's attacks on the United States in September 2001 and often as a nexus between drugs and 'terrorism'. This leaves us poorly informed about the narcotic culture before opium was prohibited in the region by Tsarist Russia and the Soviets.

Opiates were widely used in Central Asia for medicinal purposes. In Bokhara, a popular rice dish, *palov*, cooked with poppy, was considered a good cough suppressant. A decoction made in Karategin, from field poppy roots, was taken to soothe digestive troubles and given to children suffering measles. Syrup made from poppy capsules, sugar and water, known as *sharbati kuknor*, was a remedy for colds and diarrhoea. In Fergana, opiates were used as antidotes against poisonous snakes and insects whilst Turkmen people prepared opium-based eye-drops and compresses. Shepherds and crop-collectors took opium to ameliorate physical labour or difficult psychological situations, and elderly people regularly consumed 'poppy straw tea' for minor chronic ailments. A treatment for sterility, as recommended by elderly Tajik women, was three opium poppy

seeds inserted into the vagina. These recipes and accompanying medical knowledge were shared between countries and cultures, and have a long history.

Opium-laced recipes known as *barch* or *barsh* were documented in medieval Egypt, Safavid Iran, and among the Anatolian Turks. Ibn al-Sherif, a 15th-century physician, claimed that a recipe which he called *Bershaissa*, containing opium, gentian, cinnamon, saffron, anise, black pepper, rose-oil and ginger, alleviated pain and treated kidney stones, malaria, epilepsy and gout. Another version going back to the first century, known as *faz Abbas* or *filuniya*, was supposedly an invention of Philon of Tarsus. A recipe containing 77 ingredients was favoured by Galen of Pergamum (129-c.200/216), and the Islamic physician, Ibn Sina (d.1037), referred to it in his *al-Qanun fi al-Tibb*, a work valued by tabibs and attors, the native medical practitioners and apothecaries of Russian Central Asia.

In their criticism of tabibs, Russian physicians and officials avoided references to medicinal use of opium and presented it exclusively as a poisonous narcotic drug sold by them at every street corner.

Alisher Latypov

Awarded the Friends of the Wellcome Centre and Library Prize for the best dissertation





Surgeons and gentlemen

This page

Too late! Physician informing surgical colleagues of his diagnostic error, c.1900. Iconographic Collections, Wellcome Library, London

Opposite page

Ibn Sina instructing students in an apothecary's shop. *Canon of Medicine*, 15th century. Mary Evans / AISA Media

Tabib doctors selling medicines on the street, Samarkand, 19th century. Library of Congress

There were social and financial rewards for top surgeons in late 19th-century London. Sir Henry Thompson, a surgeon at University College London for over forty years, won fame in 1862 for successfully operating on King Leopold I of Belgium for bladder stones. Thompson became a prominent member of the surgical elite and well known in London society, numbering Thackeray and Dickens amongst his friends. He gave celebrated 'octave' dinner parties at which eight men of distinction from the worlds of art, medicine and science, sat down to an eight-course dinner at eight o'clock at his house in fashionable Wimpole Street.

Sir James Paget at St Bartholomew's Hospital, who was said to have the 'chief surgical practice in London', left an estate worth nearly £75,000 whilst Sir Frederick Treves and Sir Jonathan Hutchinson, both at The London Hospital, were considerably richer. Yet operative skill occupied a tentative place at the table of surgical identity. Paget's obituarist described him as 'a good and efficient but not a great operating surgeon'. The surgical prowess of Sir William Watson Cheyne of King's College Hospital was likewise remembered as 'not brilliant', and that of Walter Rivington of The London was adjudged 'poor'. Indeed, eagerness for operative experience, as demonstrated by two junior colleagues of Rivington and Treves in 1887, was considered an ungentlemanly quality. Patients, they argued, were not in hospital 'to afford junior staff continuous opportunity for acquiring knowledge of

fresh operative procedures'. They had a point. In the same year, on a single afternoon, Treves opened the abdomens of seven patients, only to watch four die of peritonitis (antiseptic theory took a while to translate into practice).

Risk management was obviously a factor in the reluctance to adopt a gung-ho attitude to surgery but there were other complex medical and social issues at work. Successful surgeons trod a fine line between exploration and moral guardianship of the art and science of surgery, re-shaped during the 19th century from manual craft into heroic profession. Whilst the surgical elite employed the rhetoric of a group united by a surgical revolution, it was, in reality, unsure of its purpose and its future.

Sally Frampton
'Student of the Year, 2007-2008'

PhD research

The Centre has an active group of PhD research students, some funded by external bodies such as the Arts and Humanities Research Council and the Wellcome Trust, for UK students, and international agencies for overseas students, plus a number who are part-time or self-funded. In addition, the Centre has some funds for Centre studentships.



Policing purity: quinine in colonial Bengal, 1904-5

Careful safeguards notwithstanding, desperate acts of fraud involving quinine, which was used to treat malaria, figured in official correspondence concerning Bengal in the 1900s. One such 'case' was reported in 1905.

Mahim Chandra Dutta and his son, Shashi Kumar, were joint proprietors of a grocery business. They owned a shop at Sapar Hat in the jurisdiction of Matbaria Thana in the Pirojur sub-division of the Backergunge district in Bengal. On the days of the weekly-bazaar, they sold groceries at the Tushkhali Hat. A branch post office in Tushkhali sold government quinine to the public in pice-packets of 5 grains each. In June 1904, the postmaster reported to the manager of the jail depot in Calcutta, accusing Shashi Kumar of engaging in fraudulent acts. For over a year, Shashi Kumar had apparently been selling a 'white powder' in packets of similar size and shape to the government packets. These bore the same inscriptions with the addition of 'S K Dutta' typed in a very small font. On instruction from the Inspector General of Jails, the postmaster sent 32 packets of S K Dutta's quinine for analysis by the chemical examiner in Calcutta. This revealed that S K Dutta's 'powder' consisted chiefly of 'flour or other starchy matter with traces of quinine sulphate and arsenic'. Subsequently, Pyar Mohun Biswas, a police inspector, was deputed to search Shashi Kumar Dutta's shop where he found packets of government quinine, a tin containing white powder, and rubber stamps, pads and ink for putting the impression on the envelopes.

Shashi Kumar was convicted on charges framed under sections 274, 275, 276, and 417-511 of the Indian penal code and sections 6 and 7 of the Merchandise Marks Act 1889. The convictions were upheld because Shashi Kumar had falsely claimed that the packets contained 'pure quinine'. He was sentenced to six months rigorous imprisonment. The details of this 'case' suggest that despite a network of post-officials, chemical analysts, police inspectors and legal clauses in place to detect, report, investigate and punish quinine-fraud, the image of 'quinine' as a profitable commodity seems to have excited the imaginations of a range of actors in vernacular marketplaces across Bengal.

Rohan Deb Roy

Dutta's grocery store.
Mary Evans Picture
Library

Cinchona officinalis,
from which quinine
was extracted, 1880.
Wellcome Library,
London



Homeopathy and Kentish crabs

Homeopathy has, since its humble beginnings in late 18th century Germany as the invention of the physician Samuel Hahnemann, remained a contentious branch of medicine. Historians have often assumed that the practice enjoyed success as an affectation of the rich and powerful, who flitted moth-like from one new flame to another, enjoying the frisson of this subversive new alternative to what passed for 'mainstream' medicine. Indeed, it is the 'great and the good' that bequeath us their testament for posterity, and it is often through their recorded ideas and experiences that we interpret history. Such records include the correspondence between Frederic Quin, the founder of the London Homeopathic Hospital in Bloomsbury, and his large circle of famous and influential followers including King Leopold I of Belgium, uncle to both Queen Victoria and Prince Albert; the Duke of Wellington; the British Prime Minister Benjamin Disraeli; the artist Sir Edwin Landseer, and the writers William Makepeace Thackeray and Charles Dickens.

Dickens' enthusiasm for homeopathy, for example, extended to his employment of homeopathic globules when hunting Kentish crabs to make them 'turn right over'. Thackeray sought homeopathic cures for his wife, Isabella, who suffered suicidal post-natal depression but ended up living thirty years longer than her husband. Landseer, however, eventually succumbed to insanity despite being one of Quin's most ardent devotees.

Nevertheless, the assumption that homeopathy was a plaything of the rich must be refuted since the historical records of homeopathic hospitals across Europe reveal that the working poor made up the majority of patients. In London, they commonly suffered from tuberculosis, bronchitis, rheumatism, stomach ulcers and 'women's complaints'. Nowadays, when the media regurgitates the arguments for and against homeopathy, it still cites the opinions of celebrities and royalty and ignores the view of thousands of ordinary patients. This year, as the centenary of Samuel Hahnemann's *Organon* (1710) is celebrated, should these old assumptions now be laid to rest and the ordinary patient given a voice, as the historian Roy Porter once famously described as 'Doing history from below'?

Felix von Reiswitz

Electro-homeopathic cures, c.1870. Science Museum, London / Wellcome Images

Homeopathic crab-catcher, 1882. Illustrated London News / Mary Evans

Hahnemann Hospital, Liverpool, decorated for George V's coronation, 1910. Wellcome Library, London



Online

The Centre's website hosts podcasts, video clips, and a wide range of downloadables. It also supports major online resources that continue to be developed with input from our own experts and colleagues worldwide, and members of the public.

Syphilis visualised as death, c.1900. Iconographic Collections, Wellcome Library, London



History of medicine in motion

Tell the world about your research in less than five minutes and make your presentation dynamic, vibrant, compelling and accessible. These were the challenges thrown open to history of medicine students and staff worldwide in the first ever digital media competition to explore new ways of delivering scholarly material and to showcase some of the discipline's most versatile and creative minds.

The internet is rapidly transforming the boundaries of what is considered to be serious, scholarly material, and allows for a wider dissemination of learned research than has hitherto been possible. Traditional academic engagement with literature-based learning is now being challenged by students and their tutors who believe there should be opportunities for wider interpretation of historical evidence using multi-dimensional media resources. Doctoral students at the Centre organised several Mac-sponsored training workshops at which attendees learned to use iMovie, Keynote and Garageband software, and were given movie assignments. The outstanding quality of these movies after just a single workshop was indicative of things to come. In the event, sixteen movies were posted on the Centre website with titles as diverse as 'Opera and illness', 'Tracking London's great plague', 'Sexual health on Dean Street', 'Doctors, Daoists and deviants in early medieval China', 'Screening the nurse', 'The science of vanity', and

'Ginkgo biloba: a tree that conquers time'. Individuals accessing the website were able to post comments as were a selected panel of experts – Professor Shigehisa Kuriyama (Harvard University), Professor Hal Cook (UCL), Asher Tlalim (National Film and Television School), and Ross MacFarlane (Wellcome Library) – who judged the competition.

Judging took place at the final workshop in May 2009, which was live-streamed by internet and international participants were able to respond via Skype. First prize went to 'Picturing the pox: a (very) brief history' by Harriet Palfreyman, a doctoral student at the University of Warwick. Her film explored how the visual representation of syphilis helped to create knowledge of the disease at a time (c.1780-1860) when images of the body changed from showing only anatomical structure to depictions of ravaged and decayed flesh. Second prize was won by Bian He, a graduate student at Harvard University whose movie, 'Rethinking case histories', investigated the evolution of the background to the 20th century invention of the patient as a 'case'.

Shigehisa Kuriyama,
Harvard University, USA

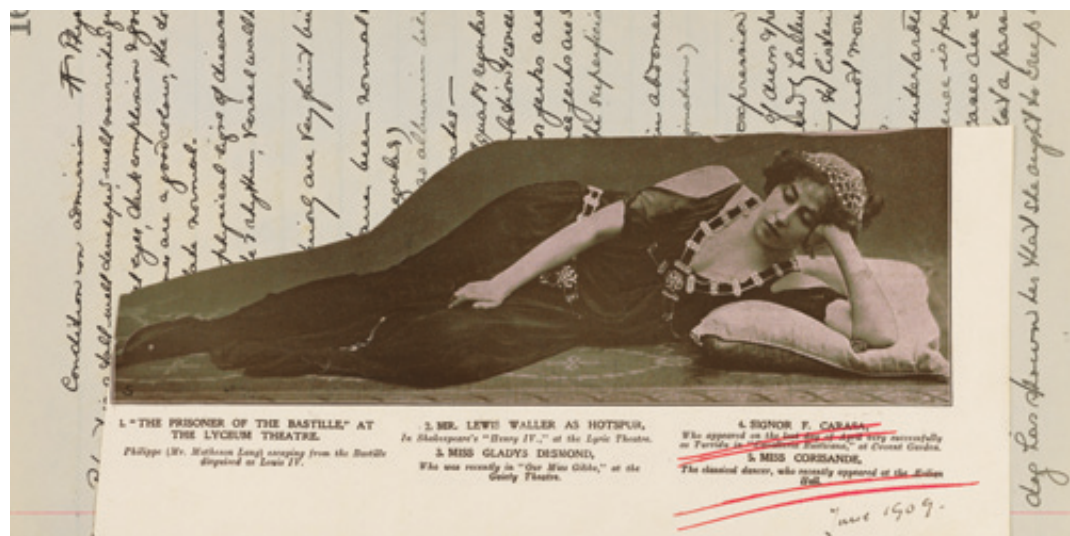
Theresa Hofer

Michael Stanley-Baker

Michael Laycock

Lauren Cracknell

Carole Reeves

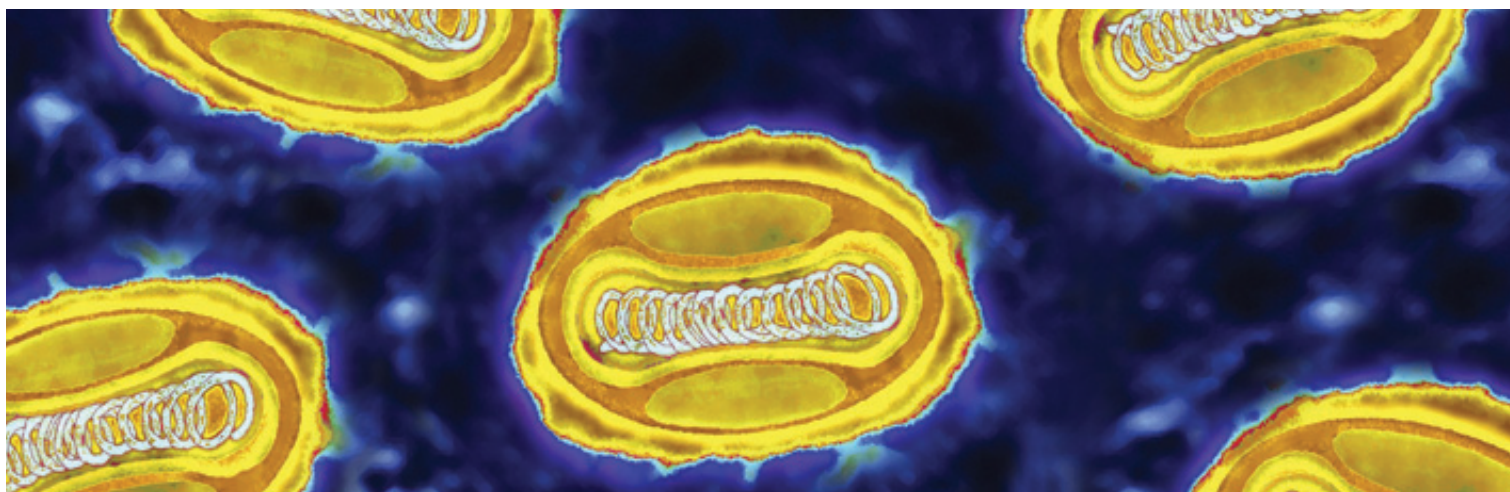


One of the earliest portrayals of syphilis, as a punishment for mankind's sins, 1496. Wellcome Library, London

Medical staff on a ward round discussing the 'case', c.1910. Iconographic Collections, Wellcome Library, London

Case record for Enid Cooke ('Miss Corisande', Dancer), Holloway Sanatorium for the Insane. Archives & Manuscripts, Wellcome Library, London

The copper-coloured rash of secondary syphilis, 1833. Rare Books, Wellcome Library, London



History of smallpox eradication

The global eradication of smallpox was announced by the World Health Organization in 1980 after two decades of complex field work involving collaboration and trust at many levels, technological challenges including vaccine development and delivery, and crises arising from competing health and financial priorities in some of the world's poorest nations.

A seminar series organised by Dr Sanjoy Bhattacharya invited key workers to discuss their roles in this global public health campaign and to reflect, not only on the medical issues but on the political, social, economic and cultural contexts in which this 'war on disease' was waged. Professor Donald A Henderson, Director of the WHO global smallpox eradication campaign (1966-77), described the challenges of liaising between WHO Regional Offices, national governments and local administrative bureaucracies. The impact of the Cold

War created operational difficulties but personal rivalries between officials from the USSR and the west dissipated in an unprecedented spirit of internationalism. Dr Joel Breman was posted to western Africa by the US Centers for Disease Control (CDC). Many thousands of African community workers maintained the impetus of mass vaccination and surveillance over challenging terrain. Indeed, it was from field workers that all effective ideas about smallpox eradication came, and these were shared between countries and continents. Dr Ciro de Quadros was the WHO's chief epidemiologist on the campaign in Ethiopia. Here, religiously informed resistance to vaccination existed alongside nomadic desert communities which ignored the existence of officially drawn national borders, making it difficult to establish a surveillance-containment-vaccination programme.

Alan Schnur, a WHO staff official, worked in Ethiopia, India, Bangladesh, Somalia and Geneva. He recalled the optimism amongst national and international

field workers despite heavy work loads and extensive cross-country travel. Nevertheless, it was important to identify individuals burned out with the harsh realities of field work. Dr Larry Brilliant was working in India as a United Nations medical officer when he volunteered for the India and South Asia eradication programme. In 1973-74, four states in India were reporting 90 per cent of the world's smallpox cases but India's population of 600 million made mass vaccination unworkable. Surveillance and case detection were helped by providing rewards for reporting smallpox. Dr Brilliant was recently nominated a 'first responder' for CDC's smallpox bioterrorism response effort – a chilling reminder that remnants of the smallpox virus remain stored in the US, the UK and Russia.

Sanjoy Bhattacharya

Carole Reeves

Alan Yabsley

Above

Smallpox virus.
Wellcome Images

Opposite Page

Vaccination poster central Asia portraying the consequences of smallpox, 1930s. Iconographic Collections, Wellcome Library, London

Smallpox virus is stored in the UK, US and Russia. Mike Agliolo / Science Photo Library

Mass vaccination during the smallpox eradication programme in Africa, 1970s. CDC / Science Photo Library



Online

Brought to life

What it means to be 'well' changes with geography, culture and time. Historically, notions of wellness and illness have been influenced by a society's medical system, religious beliefs and cultural values. As a result, what has been considered a 'normal' versus 'abnormal' physical experience has often changed. Today, the presence of continuous and severe pain is considered abnormal – if we start to feel a sharp, persistent ache in our side, we will usually get ourselves to a doctor within a couple of days. In earlier times, however, the presence of physical pain was often a reality of daily life.

Doctoral and MA students from the Centre have contributed to the Science Museum's new online resource, 'Brought to life: exploring the history of medicine'. This exciting website covers 3000 years of medical history, includes 2500 downloadable images from amulets to alligators, leech jars to lodestones, an interactive timeline, and ten multimedia games which allow users to fight the plague in a medieval town, amputate limbs on the battlefield,

peer through microscopes, investigate a cholera epidemic, and experience life in an iron lung. The current sixteen themes of the website include diseases and epidemics, treatments and cures, hospitals, surgery, understanding the body, and war and medicine. The resource, which is linked to the school curriculum (but will be enjoyed by historians of all ages), enables teachers and students to assemble their own resources including handouts and quizzes, and to plan classroom activities and discussions.

Many of the objects showcased were collected by and for Sir Henry Wellcome (1853-1936). His vast collection, numbering a million items, dwarfed many of Europe's most famous museums. Although much has now been dispersed throughout the world, today's technologies mean that it can be reassembled and reinterpreted.

Science Museum: Robert Bud, Simon Chambers, Lisa O'Sullivan, Claire Little

Centre students: Felix von Reiswitz, Erin Sullivan, Katie Maggs

www.images.wellcome.ac.uk

www.sciencemuseum.org.uk/broughttolife.aspx

Necklaces to ward off bronchitis, English, 1914. Science Museum, London / Wellcome Images

Artificial eyes in a presentation case, English, c.1900. Science Museum, London / Wellcome Images

Wax model to remind the living of the closeness of death, 18th century. Science Museum, London / Wellcome Images



Publications

The Centre has an established programme of publications covering a wide range of periods and aspects of the history of medicine. Visit our website for up-to-date information on all our publications.

Clio Medica

The Wellcome Series in the History of Medicine

**Series editors: Roger Cooter,
Michael Neve and Emma Spary**

The series, published in conjunction with Rodopi, provides an active forum for the dissemination of research into the history of medicine and health care in various cultures and all time periods.

Clio Medica 86

Permeable walls: Historical perspectives on hospital and asylum visiting

**Edited by Graham Mooney
and Jonathan Reinartz**

Explores attitudes to visitors in healthcare institutions around the world from 18th to late 20th century, highlighting changing relationships between them and communities they served. Relevant today when service providers seek ways to make therapeutic environments accessible yet safe and secure.

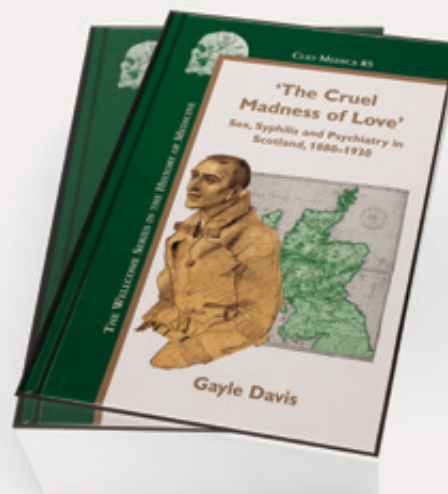
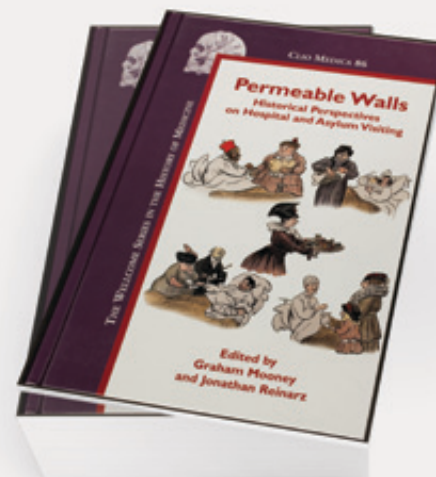
Clio Medica 85

'The cruel madness of love': sex, syphilis and psychiatry in Scotland, 1880-1930

Gayle Davis

Scottish asylum and laboratory records are examined for insight into the social, medical, pathological, diagnostic and therapeutic evolution of general paralysis of the insane, a devastating neurosyphilitic disorder that emerged amid fears surrounding society's moral and physical degeneration.

**For more details on these and other
books in this series, please visit:
www.rodopi.nl**



Medical History

Acting Editors: Roger Cooter and Vivian Nutton

Assistant Editor: Caroline Tonson-Rye

A refereed journal devoted to all aspects of history of medicine and health, with the goal of broadening and deepening understanding of the field, in the widest sense, by historical studies of the highest quality. *Medical History* has been published since 1957 and is Britain's oldest history of medicine journal. It is also the journal of the European Association for the History of Medicine and Health. The journal publishes in English but welcomes submissions from scholars for whom English is not a first language. Since

1981, *Medical History* has also published annually a separate Supplement.

All volumes are freely available at PubMed Central: www.pubmedcentral.nih.gov

Wellcome History

Editor: Sanjoy Bhattacharya

A newsletter published three times a year as a regular channel of communication between all Wellcome historians. It aims to be an informal, user-friendly centre of debate.

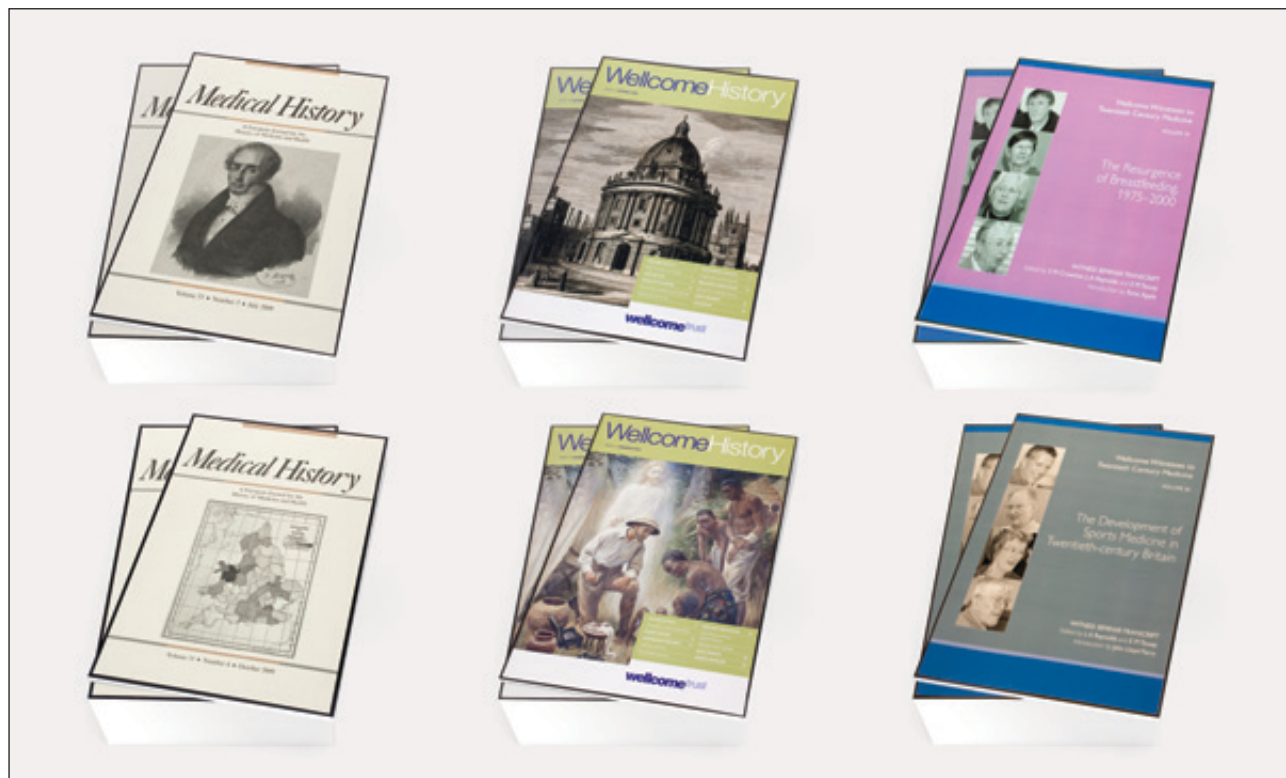
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